

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/701459

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		2	/			
4		2	/			
5		0	/			
6		0	/			
7		0	/			
8		0	/			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	11		9			
TOTAL CLAIMS	12		10			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

7.